

CITY OF MILWAUKEE INSURANCE REQUIREMENTS

B0000017148

- A. The "City of Milwaukee" must be named as an additional insured.
- B. The insurance certificate must be an original and issued by companies licensed to do business in the State of Wisconsin or signed by an agent licensed by the State of Wisconsin. Electronic signatures are acceptable.
- C. A copy of the endorsement of Earlier Notice of Cancellation or Non-Renewal stipulation must be submitted with the Certificate of Insurance.

The City of Milwaukee shall be named as an additional insured with respect to liability coverage other than professional liability, and shall be provided with at least 30 days written notice of cancellation, non-renewal or material limitation of coverage of any and all insurance policies required by this contract, for any reason including non-payment of premium. This should be accomplished through the addition of an endorsement to the policy/policies providing Earlier Notice of Cancellation or Non-Renewal. Such endorsement must contain the following stipulation:

"We will mail notice of cancellation (including for nonpayment of premium), non-renewal or material limitation of coverage to the organization shown in the schedule. We will mail the notice at least 30 days before the effective date of the action."

A copy of the endorsement must be submitted with the certificate of insurance. A certificate of insurance evidencing such coverage shall be approved by the City Attorney and placed on file with the City of Milwaukee prior to commencement of work under this contract. The City Purchasing Director reserves the right to examine and approve the actual policy of insurance before the City executes any Contract for this purchase.

- D. The certificate holder shall be noted as:

City of Milwaukee
DOA – Purchasing Division
200 E. Wells Street, Room 601
Milwaukee, WI 53202

- E. Initial set of insurance forms should be sent via e-mail to the Purchasing Agent; subsequent forms should be sent via e-mail to procurement.services@milwaukee.gov

***** Company name and the associated contract number must be provided on the Certificate of Insurance*****

Required?	COVERAGE	MINIMUM AMOUNT OF COVERAGE REQUIRED	
Yes	Worker's Compensation (The City does require Worker's Compensation coverage for Sole Proprietorships)	Statutory Limits Each Accident:	\$100,000 Disease – Policy Limit: \$500,000 Disease – Each Employee: \$100,000
Yes	Commercial General Liability	Bodily Injury:	\$500,000 per occurrence \$1,000,000 aggregate Property Damage: \$500,000 per occurrence \$500,000 aggregate
Yes	Automobile Liability	Bodily Injury:	\$500,000 per person \$1,000,000 per occurrence Property Damage: \$500,000 per occurrence
Yes	Professional Liability	\$1,000,000 per occurrence	